



**APPLICATION FOR
SCHOOL BUS ENDORSEMENT SKILL TEST WAIVER**
Application must be made by September 30, 2005

To obtain a school bus (S) endorsement skills test waiver you must:

- have been regularly employed as a school bus driver, have operated a school bus representative of the group you seek to drive, and provide evidence of such employment for the previous two year period (complete page 1 and 2), OR
- have passed a DOL school bus skills test conducted in a school bus since September 1, 2003 (complete page 1 and check box 6 below).

APPLICANT INFORMATION

PRINT NAME (Last, First, Middle initial)	WASHINGTON DRIVER LICENSE NUMBER	
MAILING ADDRESS		
CITY	STATE WA	ZIP CODE
SOCIAL SECURITY NUMBER - Mandatory for identification purposes per 49 CFR 383.153, RCW 46.25.070	DATE OF BIRTH	

CERTIFICATION

For the two years immediately preceding the application for the school bus endorsement, the following statements are true for any type of motor vehicles I have operated:

Mark true statements with an 'X'

- ☐ 1. I have held a valid CDL with passenger endorsement to operate a school bus representative of the group I will be driving.
- ☐ 2. I have not had any operator's license or CDL suspended, revoked, canceled or disqualified.
- ☐ 3. I have not been convicted in any type of motor vehicle for any of the disqualification offenses listed below:
- Driving under the influence of alcohol or a controlled substance;
 - Leaving the scene of an accident;
 - Commission of a felony involving the use of a motor vehicle;
 - Refused a chemical test of blood, breath or urine or had a .04 alcohol concentration;
 - Driving a commercial motor vehicle (CMV) while revoked, suspended, canceled or disqualified;
 - Causing a fatality through negligent operation of a CMV;
 - Using the vehicle in commission of a felony involving the manufacturing, distributing or dispensing of a controlled substance.
- ☐ 4. I have not had more than one (1) conviction for any of the serious traffic violations listed below:
- Speeding of 15 miles per hour or more over the legally posted speed limit;
 - Willful reckless driving or reckless driving;
 - Improper lane change;
 - Following the vehicle ahead too closely;
 - A violation of any law or ordinance related to motor vehicle traffic control (other than parking violations, overweight or vehicle defect violations) arising in connection with an accident or collision resulting in death to any person;
 - Driving a CMV without a CDL;
 - Driving a CMV without a CDL on person;
 - Driving a CMV with improper class or endorsement of CDL
- ☐ 5. I have not been convicted of any violation of state law or local ordinance related to motor vehicle traffic control arising in connection with any traffic accident and have no record of an accident when I was at fault.
- ☐ 6. I have passed a DOL school bus skills test conducted in a school bus since September 1, 2003.

Name of tester _____ Date of test _____

I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

X _____
SIGNATURE DATE

Employment dates must cover a two-year period. If present employment does not cover two years, have employer information completed by previous employer(s) also. If additional space is needed, attach additional forms.

EMPLOYER INFORMATION--Employers are required to retain records that verify employment certification for a period of four years from this certification date for federal audit purposes.

1 NAME OF EMPLOYER /SCHOOL		
MAILING ADDRESS		
CITY	STATE	ZIP
EMPLOYMENT DATES OF APPLICANT From: _____ To: _____		TYPE OF SCHOOL BUS OPERATED
EMPLOYER /SCHOOL CONTACT NAME	JOB TITLE	(AREA CODE) TELEPHONE NUMBER
CERTIFICATION <i>I hereby certify under penalty of perjury under the laws of the State of Washington that this applicant has operated a school bus vehicle requiring a commercial driver license with a passenger endorsement during the dates of employment indicated above.</i>		
X _____ SIGNATURE		_____ DATE

2 NAME OF EMPLOYER /SCHOOL		
MAILING ADDRESS		
CITY	STATE	ZIP
EMPLOYMENT DATES OF APPLICANT From _____ To _____		TYPE OF SCHOOL BUS OPERATED
EMPLOYER /SCHOOL CONTACT NAME	JOB TITLE	(AREA CODE) TELEPHONE NUMBER
CERTIFICATION <i>I hereby certify under penalty of perjury under the laws of the State of Washington that this applicant has operated a school bus vehicle requiring a commercial driver license with a passenger endorsement during the dates of employment indicated above.</i>		
X _____ SIGNATURE		_____ DATE

3 NAME OF EMPLOYER /SCHOOL		
MAILING ADDRESS		
CITY	STATE	ZIP
EMPLOYMENT DATES OF APPLICANT From _____ To _____		TYPE OF SCHOOL BUS OPERATED
EMPLOYER /SCHOOL CONTACT NAME	JOB TITLE	(AREA CODE) TELEPHONE NUMBER
CERTIFICATION <i>I hereby certify under penalty of perjury under the laws of the State of Washington that this applicant has operated a school bus vehicle requiring a commercial driver license with a passenger endorsement during the dates of employment indicated above.</i>		
X _____ SIGNATURE		_____ DATE